U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For	Official dise only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 102 97	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Anna Alamo	Name Communications Workers of America Local 3122			
	Labor Organization F.le Number 070-917			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Rcom Number, if any			
Street 461 E. 63 St.	Street 13012 SW 133 Ct			
City Hialeah	City Miami			
State Florida ZIP Code + 4 33013	State Florida ZIP Code + 4 33186			
5. Position in labor organization. EXECUTIVE VICE	PRES9 DENT			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except an specified in the exclusions set forth in the instruct cns):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
Sueet				
City	\$0			
State ZIP Code + 4				
Sigr	nature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable conalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the iristructions.)				
Signed Julia Charles	On 8/15/2005 305-232-3122			
	Date Telephone Number			

Name of Person Filing Anna Alamo		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, seiling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	3	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	. 🗖		
Trade Name, if any:	a. Labor Organization  b. Trust  c. Employer		
P.O. Box, Bidg., Room No., if any			
Street	C. Employer		
City	j		
State Florida ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar vati	ue of such dealing.	
City	12.a. Nature of interest hel		
State ZIP Code + 4			
	12.b. Amount.		\$0
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$	\$O